MONTHLY TOTAL COLIFORM REPORTING

State Form 53297 (6-07)
Indiana Department of Environmental Management (IDEM)
Office of Water Quality - Drinking Water Branch - Compliance Section

Lab Received: ☐☐ / ☐☐ / ☐☐
(MM/DD/YY)

Time Received: ☐☐ : ☐☐ ☐ AM ☐ PM

CERTIFIED LAB ID NUMBER M - ☐☐ - ☐☐

Date Reported: ☐☐ / ☐☐ / ☐☐

TO BE COMPLETED BY THE PUBLIC WATER SYSTEM

Samples will not be analyzed if form is not complete.
Use black ink.

Laboratory - please send a copy to:

Name: _____

Street: _____

City: _____ IN (ZIP) _____

Organization Phone Number: ( ) _____ - _____

PWSID:

I N ☐ ☐ ☐ ☐ ☐ ☐ ☐

Collection Date (MM/DD/YYYY):   **Collection Time:**

☐☐ . ☐☐ . ☐☐☐☐   ☐☐ : ☐☐ ☐ AM ☐ PM

Sample Location Address:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Sample Comments/Remarks (Tap, Sink, Boil Water, etc)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Chlorine Residual at Sample Location: ☐☐ . ☐ **mg/L**

☐ **Free**
☐ **Total**

Additional Comments:
_____
_____
_____

SAMPLE TYPE (check appropriate square)

Routine ☐   **Repeat** ☐   **Special** ☐

Date Original Sample was collected (only if Repeat):

☐☐ / ☐☐ / ☐☐☐☐ **(MM/DD/YYYY)**

Printed Name & Initials of Sample Collector:

_____

Printed Name & Initials of Certified Operator:

_____

ANALYSIS DATA - FOR LAB USE ONLY

Lab Sample ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

TEST RESULTS: TOTAL COLIFORM

METHOD:

☐ MF   ☐ MPN   ☐ LST P/A   ☐ MM P/A   ☐ MM QT

RESULTS:

☐ **PRESENT**   ☐ **ABSENT**

MOST PROBABLE NUMBER: ☐☐☐☐☐☐☐

Analyst: _____   Date: ☐☐ / ☐☐ / ☐☐   Time: _____

TEST RESULTS: ☐ FECAL COLIFORM   ☐ E COLI

METHOD:

☐ MF   ☐ MPN   ☐ LST P/A   ☐ MM P/A   ☐ MM QT

RESULTS:

☐ **PRESENT**   ☐ **ABSENT**

MOST PROBABLE NUMBER: ☐☐☐☐☐☐☐

Analyst: _____   Date: ☐☐ / ☐☐ / ☐☐   Time: _____

HETEROTROPHIC PLATE COUNT:

☐☐☐☐   ☐ /1.0 mL   ☐ /0.1 mL

☐ Too Many To Count (TMTC)

*If MPN or MMQT is checked, the result is a statistical determination of the most probable number per 100 mL. If MF is checked, the result is in organisms per 100 mL. If P/A is checked, the result is present or absent.

REASON FOR REJECTING THE SAMPLE:

☐ **SUBMIT REPEAT SAMPLES as required under 327 IAC 8-2-8.1**

☐ **SUBMIT ANOTHER SAMPLE. The test is not valid because of:**

☐ Too long in transit (>48 Hrs);

☐ Invalid or no collection date and/or time;

☐ Sample broken or leaked in transit (insufficient volume);

☐ Residual chlorine present;

☐ Other: _____ .